

Foster Family Home - Corrective Action Report

Provider ID: 1-510273

Home Name: Edwin Koh, RN

Review ID: 1-510273-2

94-229 Moena Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/27/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/27/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- APS/CAN/Fingerprinting expired on 12/5/19 for CG#1. No renewal seen in binder.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance expired on 12/28/19; CG#3's TB clearance expired on 11/20/19.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done for CG#2 on Basic Skills for Client #1. Also no RN delegations done on CG#1, CG#2, and CG#3 for Client #1. For Client #2 - there were no RN delegations for and for CG#1, CG#2, and CG#3. Also no signature noted for CG#2 on the Basic Skills Checklist.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly Fire Drills done for the past 12 months by CG#1, CG#2, and CG#3.

Maribel Nakamine, RN
Compliance Manager

[Signature]
Primary Care Giver

1/27/2020
Date

1/27/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Edwin Koh

CCFFH Address: 94-229 Moena Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (a)(1)	CG#1 received a current APS/CAN/ Fingerprinting. Result was filed in a home binder.	02/17/2020	Home will use a calendar or reminders app to schedule due dates 3 months prior to avoid future lapse.
41. (b)(7)	CG#1 and CG#3 both obtained a current TB clearance. Results were filed in a home binder.	01/29/2020	CG#1 will set reminders and mark calendar 3 months prior to keep all forms updated.
43. (c)(3)	CG#2 was delegated by CMA RN on basic skills for client#1 and client#2. RN delegation done on [REDACTED] for CG#1, CG#2, and CG#3 on Client#1. The [REDACTED] and [REDACTED] delegations were performed by CMA RN for CG#1, CG#2, and CG#3 on client#2. Signed delegations forms were filed in each client's chart.	01/30/2020	CG#1 will coordinate time with CMA RN to timely perform the necessary skills/ delegations.

Primary Caregiver's Signature: 

Print Name: Edwin Koh

Date of Signature: 2/21/20

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Edwin Koh

CCFFH Address: 94-229 Moena Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46. (a)	Monthly fire drill started on January 30, 2020 by CG#1. CG#3 conducted fire drill on February 10, 2020. CG#2 will conduct fire drill on March 5, 2020.	01/30/20 20 02/10/20 20	CG#1 will set a reminder on the calendar to schedule when the monthly drills will occur as well as reminding all caregivers two weeks prior to the date.

Primary Caregiver's Signature: _____

Print Name: Edwin Koh

Date of Signature: 2/24/20